

Testimony by Patti Jacques

I would like all of you to close your eyes and image a prisoner of war coming out of isolation after being locked up for months on end. The images we have in our minds, and from T.V., may resemble a feeble, weak, extremely skinny person, holding their hands up to shield them from being blinded by the sunlight.

Now

Keep your eyes closed and image a person in the last stages of Alzheimer's, confused, repetitive mumbling, arm's or hands shaking and moving repetitively.

Now....

Put these two images together into one person.....

This person is my son who has a severe disabling mental illness, coming out of being in isolation for months at the Montana State Prison.

For months and years we have discussed, and visited facilities and programs regarding mental illness.

We continue to read headlines such as:

Medicaid Law is discriminatory against covering state run inpatient mental health facilities;

The deinstitutionalization of the mentally ill - results of good intentions, resulted in unintended consequences;

Jails and Prisons did not sign up for becoming a mental institution;

Mentally Ill often leave Jails/Prisons sicker than when they entered - as my son did;

Zookeepers are not allowed to keep animals like this - solitary confinement;

Criminalization: Our National Thinking Disorder;

Quote by Chief Michael Biasotti - Past President of New York State Association of Chief of Police. " Return care and treatment of the most seriously ill back to the mental health system. Make the seriously mentally ill first in line, rather than last."

We will continue to see these headlines until our State goes forward and changes its beliefs, and to do that we must, we must accept the needed changes such as....

1. (what I call The hidden transfer law) 46-14-312 M.C.A. needs to include wording such as **"a person with severe disabling mental illness (i.e. paranoid schizophrenia, schizophrenia, schizoaffective, bi-polar) cannot be transferred to a prison or correctional facility, it must be to another medical mental health facility."**

2. **More** forensic beds at the Montana State Hospital, **not** at the prison or a correctional facility.

3. **More** forensic and civil commitment **group home beds** at the Montana State Hospital campus and in our communities for transitioning. Unless we have a transitional housing plan there will continue to be overcrowd forensic and civil commitment units, and a continuing of a revolving door to the hospital.

4. We need a State/County/Community partnership where funding should include:

- (a) bricks and mortar,
- (b) equipment/furnishings for crisis facilities
- (c) increase staff wages at both state level, and community level,

5. **Changing the wording** of some of the laws relating to the wording " from mental defect or mental defective to **Behavioral Health mental illness**",

6. **Include** peer to peer services as a valid Medicaid reimbursement activity.

Montana does not lack available funding as our State obviously ended FY13 with \$537.3 Million surplus. This surplus is \$102.4 Million over the FY 2013 (Senate Joint Resolution 2 - SJ 2) estimated surplus projection - \$434.9 million to actual \$537.3 Million surplus. The largest component of this increase \$82.4 million was from the increase tax receipts from the increase of individual income tax of \$63.8 million and \$26.8 million in corporation tax revenues.

We need our Legislators to appropriate funding for the above activities. We need to start now to correct a wrong from the past and to make it right for all humans including those with mental illnesses.

Thank you.

Patti Jacques